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From: Commanding Officer, Navy Environmental Health Center

Subj: OCCUPATIONAL HEALTH PROGRAM EVALUATION GUIDE (OHPEG)

Ref: (a) BUMEDINST 5100.13A of 20 Dec 96  
(b) BUMEDINST 5450.157 of 15 Jun 92

Encl: (1) 1997 OHPEG

1. Enclosure (1) provides a standardized tool for occupational medicine (OM) physicians and occupational health (OH) nurses conducting command evaluations and consultations per references (a) and (b). While it is not designed as a "self-evaluation tool," the OHPEG may be useful to OH professionals in program evaluation.

2. The OHPEG will be updated annually by OM physicians and OH nurses who augment inspection teams to evaluate program effectiveness.

3. For further information and input for OHPEG improvement, please contact OH nurses at your respective Navy Environmental and Preventive Medicine Units (NAVENPVNTMEDUs): Anita Steckel, NAVENPVNTMEDU SIX, DSN 471-9505 or (808) 471-9505, Lois Moody, NAVENPVNTMEDU FIVE, DSN 526-9344 or (619) 556-9344 or Martha Murray, NAVENPVNTMEDU TWO, DSN 564-7671 or (757) 444-7671.

R. L. BUCK

Distribution:  
Occupational Medicine Physicians  
Occupational Health Nurses

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# Occupational Health Program Evaluation Guide

## Introduction

PURPOSE: This document is designed for use by occupational health (OH) physicians and nurses to facilitate dialogue between knowledgeable consultants or inspectors and command personnel to assess the status of OH programs.

BACKGROUND: The Occupational Health Program Evaluation Guide (OHPEG) was developed in response to a need for consistency among professionals' performing consultative oversight and inspections. OH consultants must provide standard, consistent direction based on current regulations, while inspectors need a reliable tool to measure program effectiveness.

INTENDED USE: The OHPEG is designed for use by OH subject matter experts. The references used are current at the time of distribution. It is not designed as a self-evaluation tool since the OHPEG elements are not all inclusive but rather designed to serve as a trigger to the qualified consultant or inspector. The record review forms are included for use by external evaluators.

UPDATE: The second revision was completed in February 1997 and will be reviewed annually with new programs added as needed. Review will be done by individuals who are consulting or augmenting teams for OH. Contributions from interested OH professionals in the field are encouraged. Suggestions for revision and additions can be sent to:

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ATTN: Occupational Health Program Evaluation Guide (OHPEG)  
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## ASBESTOS MEDICAL SURVEILLANCE PROGRAM

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### References:

- (a) 29 CFR 1910.1001 series and 1926.1101 series
- (b) SECNAVINST 5212.10A "Mandatory Retention of Insulation/Asbestos Related Records"
- (c) Joint Commission CAMH, current edition
- (d) OPNAVINST 5100.23 series
- (e) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current edition

### Additional reference:

Occupational Medicine Field Operations Manual

### References:

### Program Element:

- |                       |   |
|-----------------------|---|
| (a) Appendix E        | a. Are "B" Reader chest X-ray film examinations taken, processed and shipped using current NAVENVIRHLTHCEN protocols? |
| (d) 1709.d.(1)(c)     |   |
| (d) Appendix 17-F     | b. Do MTFs have NAVENVIRHLTHCEN radiographic equipment and technique certification?                                   |
| (b) Enclosure (1) B-7 | c. Are asbestos medical records, including "B Reader" x-rays, maintained or archived as required?                     |
| (d) 1709.g.(9)        |   |
| (c) IM.6.1            |   |
| (d) 1709.d.(4)        | d. Is appropriate counseling provided for abnormal findings?  |
| (a) 1709.g.           | e. Asbestos Medical Surveillance Program (AMSP) medical record review:  |
| (e) 4-23; 4-24        | See next page.  |

# ASBESTOS MEDICAL SURVEILLANCE PROGRAM MEDICAL RECORD REVIEW

	CURRENT WORKERS	PAST EXPOSED WORKERS
1) DD 2493-1 OSHA. Initial Medical Questionnaire.	X	
2) DD 2493-2 OSHA. Periodic Medical Questionnaire.	X	
3) NAVMED 6260/5. Periodic Health Evaluation.	X	X
4) SF 519. X-ray Report.	X	X
5) NAVMED 6260/7. "B" Reader X-ray.	X	X
6) OPNAV 5100/15. Medical Surveillance Questionnaire.	X	X
7) Pulmonary Function Spirograms.	X	X
8) NAVMED 6150/20. Summary of Care entry.	X	X
9) "Asbestos" label for Medical Record and X-ray jacket.	X	X
10) Physicians written opinion.	X	

	Years since first asbestos exposure	Age of Employee  15 to 35	Age of Employee  35 to 45	Age of Employee  45+	
	0 to 10	every 5 years	every 5 years	every 5 years	
	10+	every 5 years	every 2 years	every year	

**NOTE:** Chart refers to frequency of chest x-ray for "current" exposure and frequency of evaluation for "past" exposure workers. The frequency of evaluation for "current" workers is annual.

# AMSP RECORD REVIEW

CMD: \_\_\_\_\_ DATE: \_\_\_\_\_ POC: \_\_\_\_\_

SSN	CURRENT WORKER	PAST EXPOSED WORKER	DD2493-1	DD249-2	SF-600	NAVMED 6260/5	SF- 519	NAVMED 6260/7	OPNAV 5100/15	SPIRO GRAPH	NAVMED 6150/20	AMSP LABEL	PHYSICIANS WRITTEN OPINION

--	--	--	--	--	--	--	--	--	--	--	--	--	--

## BLOODBORNE PATHOGENS

### References:

- (a) 29 CFR 1910.1030 series
- (b) 29 CFR 1910.20 of 5 Jul 95
- (c) SECNAVINST 12792.4 of 1 Dec 89 "Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome in the Department of the Navy Civilian Workforce"
- (d) Joint Commission CAMH, current edition
- (e) OPNAVINST 5100.23 series
- (f) BUMEDINST 6600.10 series
- (g) BUMEDINST 6230.15, 1 Nov 95, "Immunizations and Chemoprophylaxis"

### Additional references:

Medical Surveillance Procedures Manual and Medical Matrix,  
(NEHC Technical Manual), current edition

OSHA Directorate of Compliance Programs, Occupational Exposure to BBP Interpretive Quips,  
Jan 1994 edition

Navy Environmental Health Center (NAVENVIRHLTHCEN) ltr 6260 Ser 3212/2145 of 11 Mar 92  
"Bloodborne Pathogens" (BBPs).

BUMED 6280.1A 21 Jan 94 "Management of Infectious Waste"

CDC Update: Provisional Public Health Service Recommendations for Chemoprophylaxis after  
Occupational Exposure to HIV.

OASD Memo: Hepatitis B Immunization Policy for Department of Defense Medical and Dental



Personnel. 23 Oct 96

~~The BBP is a multidisciplinary team program which was~~  
implemented to provide protection for employees potentially  
exposed to blood and other infectious materials.

**References:**

**Program Element:**

- |                   |    |                                |
|-------------------|----|--------------------------------|
| (a)               | a. | Is there an infection control  |
| (f)               |    | program which includes quality |
|                   |    | assurance, occupational health |
|                   |    | and safety programs?           |
| (a)               | b. | Is there a written exposure    |
|                   |    | control plan?                  |
| (c) 91)(I)        |    |                                |
| (d) IC.1          |    |                                |
| (e) Appendix 28-c |    |                                |

**BLOODBORNE PATHOGENS**

**References:**

**Program Element:**

- |                         |    |                                |
|-------------------------|----|--------------------------------|
| (a)                     | c. | Is there a written procedure   |
|                         |    | which includes:                |
| (e) 2803.d.             |    | (1) Locations and likelihood   |
| (e) 2803.d.(1)          |    | of exposure.                   |
| (e) 2803.d.(2)          |    | (2) Schedule and method of     |
|                         |    | implementation for departments |
|                         |    | with differing exposures.      |
| (e) 2803.d.(3)          |    | (3) Hepatitis B vaccination    |
| (h) Sect C, paras 21.3, |    | and post-exposure evaluation   |
| 22, and 3122            |    | and follow-up program.         |
| (e) 2803.d.(4)          |    | (4) Training, labeling, and    |
| (f)                     |    | general location and types of  |
|                         |    | warning signs provided to      |
|                         |    | communicate hazards. (Are      |
|                         |    | dental prosthetics disinfected |
|                         |    | prior to mailing?)             |
| (e) 2803.d.(5)          |    | (5) Stipulation of the need    |
|                         |    | for signs with the biohazard   |
|                         |    | symbol.                        |
| (e) 2803.d.(6)          |    | (6) Training and medical       |
|                         |    | record keeping requirements.   |

(e) 2803.d.(7) (7) List of job classifications in which it is reasonable to anticipate occupational exposure to blood and other potentially-infectious materials (OPIM).

(e) 2805.a (8) Protocols for the handling of infectious waste.  
(f) pg.1-3

(d) IC.4 d. Is there a written procedure to ensure that workers involved in an exposure incident report for a medical evaluation that includes:  
(e) 2808

(e) 2808.a.(1) (1) The most current US Public Health Service guidelines.

#### **BLOODBORNE PATHOGENS**

#### **References:**

#### **Program Element:**

(e) 2808.a.(2) (2) Explanation of the circumstances of the exposure incident.

(e) 2808.a.(3) (3) Exposed individuals counseled regarding confidentiality of results of source testing?

(a) (g)(2)(viii) e. Are training content and completeness documented and maintained for required period?  
(e) 2807

(c) (4)(b) f. Is civilian consensual HIV testing performed **ONLY** for post-exposure occupational HCWs?  
(e) 2808.a.(2)

(b) (1) Do contract personnel "check in" through OH to ensure compliance with OSHA regulations for all healthcare workers?  
(d) IC.4

(d) IC.6.2  
(g)

(2) Is documentation of  
regulatory compliance for HCWs  
on site?

## ERGONOMICS

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### References:

- (a) Joint Commission CAMH, current edition
- (b) OPNAVINST 5100.23 series

Occupational Health's role in ergonomics is to perform medical monitoring and workplace assessments to support the command's injury prevention and cost containment programs.

### References:

### Program Element:

- |                |  |
|----------------|--|
| (a) EC.1.3     | a. Are healthcare providers  |
| (b) 2306.a     | (occupational medicine physicians, physician assistants, nurse practitioners, occupational health nurses and technicians) conducting work place visits to obtain knowledge of operations and work practices? |
| (b) 2308.g.(1) | b. Does the facility monitor CTD trends using appropriate logs or records?   |
| (b) 2308.g.(2) | c. Does the facility verify low risk of light duty assignments?  |
| (b) 2308.g.(3) | d. Does the facility provide health education for personnel with a past history or current symptoms of CTD?  |
| (a) TX.6.1     | e. Does the facility assist line   |
| (b) 2308.g.(4) | activities in the rehabilitation of CTD cases and the implementation of limited or light duty programs?  |
| (b) 2308.g.(5) | f. Does the facility assist in the development of physical requirements for positions?   |

## HEALTHCARE WORKER (HCW) COMPETENCIES

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### References:

- (a) Joint Commission CAMH, current edition
- (b) OPNAV 6400.1A of 11 Feb 93 "Certification, training and use of IDCs"
- (c) NAVMED P-117, current edition

Independent Duty Corpsmen (IDCs) assigned to MTFs must be assigned primarily to clinical duties to maintain their skills and operational readiness.

### References:

### Program Element:

- |             |   |
|-------------|---|
| (a) HR.3    | a. Are all IDCs providing direct or     |
| (a) HR.3.1  | indirect care supervised by a           |
| (b)         | physician?                              |
| (c) 15-6(1) | b. Are physical examinations performed  |
|             | by non-physician providers counter-     |
|             | signed by a physician?                  |
| (a) PE.4.1  | c. Are there written, current protocols |
| (a) HR.2    | for assessments performed by nurses,    |
|             | not requiring physician counter-        |
|             | signature?                              |

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### Questions of Interest:

1. Are Occupational Health Nurses performing assessments?
2. Are there current, written protocols signed by a physician?
3. Do protocols state that physician counter-signature is not required on assessments?

## HEALTH PROMOTION

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### References:

- (a) SECNAVINST 6100.5 series
- (b) Joint Commission CAMH, current edition
- (c) OPNAVINST 6100.2 series
- (d) OPNAVINST 5100.23 series
- (e) BUMEDINST 6110.13 series

This is a multidisciplinary program. This guide assesses the role of occupational health (OH) and availability for referrals from the OH department.

### References:

### Program Element:

- |             |                                   |
|-------------|-----------------------------------|
| (e) 3.b.(2) | a. Does OH have a role in the     |
| (b) PF.4.2  | Command Health Promotion (HP)     |
|             | program?                          |
| (e) 3.b.(2) | b. Are HP evaluations and classes |
| (b) PF.4.1  | available for OH referrals?       |
| (b) PF.4    | c. Are OH staff knowledgeable of  |
|             | appropriate resources including   |
|             | community resources for           |
|             | referrals to specific programs    |
|             | that meet special needs?          |

## HEARING CONSERVATION PROGRAM

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### References:

- (a) 5 CFR Subpart C - Medical Examinations
- (b) 29 CFR 1910.95 series, as amended
- (c) Joint Commission CAMH, current edition
- (d) OPNAVINST 5100.23 series

### Additional references:

DoDINST, DoD Hearing Conservation Program (HCP), April 22, 1996

MCO 6260.1D, April 1993, Marine Corps Hearing Conservation Program

A comprehensive hearing conservation program (HCP) is designed to prevent hearing loss of workers. Periodic testing, referral and follow-up are important components of the program.

### References:

### Program Element:

- |                     |   |
|---------------------|---|
| (a)                 | a. Are audiograms being performed for:  |
| (d) 1802.5.b.       | Reference                               |
| (d) 1802.5.c.       | Monitoring                              |
| (d) 1802.5.d.       | Termination                             |
| (a) 339.301(1)(d)   | Transfer/Reassignment                   |
| (a) 339.301(1)(d)   | Reduction in Force (RIF)?               |
| (b) Subchapter S6-6 | b. Is noise dosimetry recorded in the   |
| (d) 0803.3.a.(2)(e) | medical record?                         |
| (d) 1802.5.e.(1)    | c. Is there a written notification of a |
|                     | significant threshold shift (STS) to    |
|                     | the employee within 21 days?            |
| (d) 1802.5.e.(4)(b) | d. Is there appropriate referral of     |
| (d) 1802.5.e.(1)    | individuals with STS?                   |
|                     | (1) Is there an established referral    |
|                     | mechanism in place for evaluation       |
|                     | when there is no audiologist on         |
|                     | site?                                   |
| (d) 1802.5.e.(1)    | e. Is STS reported to the OSH           |
|                     | office notified for entry on OPNAV      |
|                     | 5102/7 or equivalent (Log of            |
|                     | Navy Injuries and Occupational          |

Illnesses)?

## HEARING CONSERVATION PROGRAM

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### References:

(d) 1802.6

(c) HR.4.2; EC.1.8

(d) 1802.5.g

(c) IM.7

(d) 1802.5.g

### Program Element:

f. Are individuals in the HCP fitted with hearing protection devices?

g. Are technicians, audiometers and booth, certifications current?

h. Is there a mechanism in place to identify individuals who exhibit a progressive series of permanent threshold shifts?



## LEAD

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### References:

- (a) 29 CFR 1910.1025 series and 1926.62 series
- (b) OPNAV 5100.23 series
- (c) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current edition

Individuals shall be placed in the lead medical surveillance program when industrial hygiene (IH) surveillance indicates that they perform work or are likely to be exposed to concentrations at or above the action level more than 30 days a year. Although impact is minimal, OSHA construction standards may apply in some instances, and the medical surveillance requirements differ from the general industry standard.

### References:

### Program Element:

- |                    |  |
|--------------------|--|
| (a)                | a. Is physician's written opinion used?  |
| (b) 2108.b.(3)(c)3 |  |
| (b) 2108.d.        | b. Are results of biological monitoring documented in the medical record?  |
| (a)                | (1) Blood lead/ZPP every 6 months?   |
| (b) 2108.b.(2)     |  |
| (c)                |  |
| (b) 2108.b.(3)     | c. Is appropriate follow-up documented for a blood lead concentration at or above 30 ug/100g?  |
| (b) 2108.c.(1)     | (1) Was employee notified in writing within 5 working days of receipt of results?  |
|                    | (2) Was IH notified?   |
| (b) 2108.b.(3)(a)  | d. Are employees removed from work involving lead if the blood lead exceeds 60 ug/100g or the average of the last three blood lead measurements is equal to or exceeds 50 ug/100g whole blood? |
| (b) 2108.c.(2)     | e. Are personnel counseled regarding abnormalities and medical record entry recorded and countersigned   |

by the employee?

**LEAD**

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**References:**

(a) 2108.b.(1)(c)1.

**Program Element:**

f. Are blood lead analyses done by a laboratory participating in the Centers for Disease Control and Prevention proficiency testing program? (OSHA List of Laboratories Approved for Blood Lead Analysis)

**LEAD, RESPIRATOR CERTIFICATION, AND HEARING CONSERVATION  
RECORD REVIEW**

**CMD:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **POC:** \_\_\_\_\_

SSN	LEAD B LEAD	LEAD ZPP	RESP PE	RESP TRAIN	HCP 2215	HCP 2216	APPRO REF

## MEDICAL EVALUATION AND CASE MANAGEMENT

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### References:

- (a) 5 CFR 339 Subpart C - Medical Evaluation
- (b) 20 CFR Part 701. Longshoremen's and Harbor Workers' Compensation Act (Nonappropriated Fund Instrumentalities Act)
- (c) DOD 1400.25-M, Dec 96
- (d) Joint Commission CAMH, current edition
- (e) OPNAVINST 5100.23 series
- (f) OPNAVINST 12810.1 of 26 Jan 90 "Federal Employees Compensation Act Program"
- (g) NAVMEDCOMINST 6320.3B 14 May 87, Medical and Dental Care of Eligible Persons at Medical Treatment Facilities (MTFs)

### Additional references:

Injury Compensation for Federal Employees, Pub. CA-810

Chief, Bureau of Medicine and Surgery, 12800 Ser 3b 421/041 of 21 June 1991 "Occupational Health Participation in FECA Cost Containment"

Chief, Bureau of Medicine and Surgery, 12800 52/0129 of 11 July 1990 "Commanding Officers" Guide to the Federal Employees Compensation Act Program"

References (a) through (g) establish policy and case management protocols for the Federal Employees Compensation Act (FECA) as it relates to appropriated and nonappropriated funded personnel.

### References:

### Program Element:

- |                   |  |
|-------------------|--|
| (a) 339.301(1)(c) | a. Does MTF provide examinations   |
| (c) Pgs 10, 11    | as required by management?   |
| (d) CC.1          |  |
| (d) TX.1          |  |
| <br>(e) 1411.a.   | <br>b. Do all occupationally injured/<br>ill employees first report to the<br>MTF with a supervisor-signed<br>dispensary permit (OPNAV 5100/19)? |

## MEDICAL EVALUATION AND CASE MANAGEMENT

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### References:

- (a) 1411.c.(6)
- (b) 10.a
- (c) 10.a
- (d) cc.2.1
- (g) Pg A-8, Chp F
  
- (d) PF.1.8
- (e) 0803.1.a.(1)
- (g) Pg A-8, Chp F
  
- (c) Pgs 10-16
- (e) 0803.1.b.(5) & (7)
- (f) 5.e.(6)
  
- (c) Pg 11
- (e) 0803.1.b(8)
  
- (c) Pg 13
- (f) 5.c.(5)
  
- (f) 4.I.

### Program Element:

- c. Is MTF staff making their initial evaluations and follow-up care accessible and the preferred choice to employees for work-related injuries and illnesses?
  
- d. Is there a procedure in place to provide instructions on treatment and follow-up at the OH unit or MTF?
  
- e. Do OH nurses/physicians assist MTF and serviced commands with case management of lost time injuries to improve employees health and productivity?
  
- f. Do OH nurses/physicians participate in injury compensation reduction efforts (committees) at the MTF and serviced commands?
  
- g. Does the activity have a light duty program for injured workers?
  
- h. Have supervisors been trained on injury compensation laws and policies?

## MEDICAL RECORDS

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### References:

- (a) 29 CFR 1910.20 series
- (b) 29 CFR 1910.20 of 5 Jul 95
- (c) SECNAVINST 5212.5C "Archiving Records to Federal Records Centers and The National Civilian Personnel Centers"
- (d) Joint Commission CAMH, current edition
- (e) OPNAVINST 5100.23 series
- (f) NAVMED P 117, Manual of the Medical Department

Medical records contain information concerning the health status of employees. The National Personnel Records Center (NPRC) offers training workshops which can be tailored for individual agencies. Topics include retiring of OPF/EMF to CPR, Files Improvement, Records Disposition and Managing Electronic Records. For information, contact NPRC at (314) 425-5764.

### References:

### Program Element:

- |                  |  |
|------------------|--|
| (a)              | a. Is the individual employee's        |
| (c) IM.2.3       | record made available only after       |
| (e) 0803.3.b     | execution of the proper documents?     |
| (c)              | b. Are medical records (including      |
| (f) 16-23        | asbestos records) retired per          |
|                  | current instructions using SF          |
|                  | 66-D?                                  |
| (d) IM.7.4       | c. Does the Summary of Care Form,      |
| (f)              | NAVMED 6150/20 (Rev. 1-94), list       |
|                  | appropriate occupational health        |
|                  | (OH) programs, including enrollment    |
|                  | and termination data?                  |
| (c) IM.7.2       | d. Are military medical records        |
| (f) 16-3         | reviewed for OH programs during        |
|                  | check-in and verification?             |
| (b)              | e. Do civilian employees report/detach |
| (d) IM7.2        | through OH for record verification     |
| (f) 16-23        | of required programs?                  |
| (d) IM.7.2       | f. Are appropriate OH programs         |
| (f) 16-13(14)(f) | such as "Asbestos" or "Occupational    |
|                  | Health" designated on the outside      |
|                  | of the medical record?                 |

## MEDICAL RECORDS

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### References:

(d) IM.5.1  
(f) 16-11

(d) IM.2.1  
(f) 16-9

(f) 16-23

(f)

### Program Element:

g. Is the management of OH medical records integrated under one medical records administrator for the command?

h. Are medical records adequately safeguarded?

i. Are efforts being made to change medical records to the Four-Part Outpatient Medical Record Jacket?

j. Is cross index file used to track location of medical records?

## MEDICAL SURVEILLANCE PROGRAMS

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### References:

- (a) 5 CFR Subpart C - Medical Examinations
- (b) 29 CFR 1910.20 "Access to Employee Exposure and Medical Records"
- (c) 29 CFR 1920.20 of 5 Jul 95
- (d) Joint Commission CAMH
- (e) OPNAVINST 5100.23 series
- (f) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current edition

In accordance with reference (a), agencies may establish medical evaluations and tests related to occupational and environmental exposures or demands. Per reference (b), employees or their representatives have a right of access to relevant exposures and medical records. Per reference (e), all facilities shall use reference (f) for medical surveillance and certification examinations. Medical surveillance examinations should be based primarily on industrial hygiene (IH) assessment, recorded on SF 600s and placed in the medical record per reference (e). Medical record review elements are included in the Medical Records section of this guide.

### References:

### Program Element:

- |                       |                                   |
|-----------------------|-----------------------------------|
| (a)                   | a. Are stressor-specific and      |
| (e) 0801.b.(1)        | special examinations provided     |
| (f)                   | per written requirements?         |
| (e) 0803.2.c.(1)      | (1) Preplacement. (Baseline)      |
| (e) 0803.2.c.(2)      | (2) Periodic                      |
| (e) 0803.2.c.(3)      | (3) Termination                   |
| (e) 0803.1.a.(1)      | (4) Acute exposures/situational   |
| (a) 339.301 b (1) (d) | (5) Transfer/reassignment         |
| (a) 339.301 b (1) (d) | (6) Reduction in force            |
| (e) 0801.b.           | b. Is IH exposure assessment used |
|                       | for placement on medical          |
|                       | surveillance?                     |
| (a) (2)(a)(e)         | (1) Do medical records contain    |
| (b)                   | IH consultations (e.g.,           |
| (e) 0803.3            | (personal monitoring              |



## MEDICAL SURVEILLANCE PROGRAMS

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### References:

### Program Element:

- |                   |  |
|-------------------|--|
|                   | data), records of exposure to physical (e.g., noise), biological, and chemical hazards?                                    |
| (e) 0803.2.(a)(1) | c. Is OPNAV 5100/15 current?   |
| (e) 0801.b.(2)    | d. Are medical surveillance lists generated by the command safety office compared with surveys to ensure proper placement? |
| (e) 1101.(d)      | e. Do claimancy 18 contracts contain all occupational protections mandated by OSHA, CDC and DOD for contract employees?    |
| (c)               | 1. Is occupational health involved in writing/reviewing of service contracts?  |
| (d) GO.2.5        | 2. If the MTF provides these services, is there a mechanism for reimbursement?   |
| (d) PE.1.3        | f. Is physical assessment conducted appropriate to stressor-specific and special examinations performed?                   |
| (d) PE.1.4        |  |
| (d) PE.1.5        | g. Is there evidence that continuity of care is provided for follow-up based on employee's needs?                          |
| (f) CC.6.1        |  |
- 

### Special Interest Item:

What system is in place to track medical surveillance programs?

- What computer program(s) is used?

- Were systems developed locally?

## OCCUPATIONAL IONIZING RADIATION MEDICAL SURVEILLANCE PROGRAM

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### Reference:

(a) NAVMED P5055, current edition

**Radiation workers** receive preplacement, reexamination, situational, separation and termination physical examinations.

**Non-Radiation workers** such as visitors, messengers, emergency response personnel, dentists, dental technicians, nurses, explosive disposal team members, and other employees whose exposure is truly **sporadic** are not required to have a physical exam (P/E). Ref (a), Chapter 2, 2-2 (1).

### Reference:

### Program Element:

(a)	Have deficiencies from the most recent radiation health evaluation of medical records been corrected?
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## OCCUPATIONAL REPRODUCTIVE HAZARDS

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### References:

- (a) OPNAVINST 5100.23 series
- (b) Navy Environmental Health Center Technical Manual  
NEHC-TM92-2, Reproductive Hazards in the Workplace: A  
Guide for Occupational Health Professionals, current edition

The role of occupational health (OH) in evaluating occupational reproductive hazards is to provide a process for screening, medical surveillance and communication of risk to the employee and employer.

### Additional reference:

OPNAVINST 6000.1A, Management of Pregnant Servicewomen, 21 Feb 89

### References:

### Program Element:

- |                               |  |
|-------------------------------|--|
| (a) 2903.c. (3)               | a. Are pregnant employees encouraged to process through OH for evaluation and consultation of potential reproductive hazards?              |
| (a) 2903.c.(1)                | b. Are OH professionals receiving training relative to reproductive hazards?   |
| (a) 2903.d.                   | c. Is there a process in place for concerned personnel to receive counseling about adverse reproductive effects of occupational exposures? |
| (a) 2903.d.<br>(b) Appendix E | d. Is a questionnaire evaluating employees' exposure to hazards of reproductive concern reviewed by OH?                                    |
| (a) 2903.d.(2)                | e. Does OH participate in the evaluation of infertility and adverse pregnancy outcomes?  |
| (a) 2903.d.(2)                | f. Do OH professionals periodically analyze any reproductive trends relative to stressors in the work environment?                         |

## ORGANIZATION AND STAFFING

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### References:

- (a) Joint Commission CAMAC, current edition
- (b) OPNAV 5310.14D Pers 51 of 4 May 93 "Efficiency Review (ER) Process For Total Force Shore Manpower Requirements Determination Policy and Procedures"
- (c) OPNAVINST 5100.23 series

### Additional references:

BUMEDINST 5430.7 of 27 Feb 96 "Organization Manual for Naval Medical and Dental Treatment Facilities (MTFs and DTFs)

Department of the Navy Office of Civilian Personnel Management 12511.OC/610 of 30 Sep 93, "Standard Position Descriptions"

Integral to the proper establishment of a comprehensive NAVOSH program is the premise that the occupational health (OH) function will be administered by Navy OH professionals. The first additional reference contains OH nurse position descriptions. This reference is included for the inspectors' use if OH nurse classification or nurse practice issues arise.

### References:

### Program Element:

- |                  |  |
|------------------|--|
| (a) IM.10.1      | a. Has an ER been done? Is staffing based on the ER summary and recommendations?   |
| (a) LD.1.3       |  |
| (c) Chapter 3    | b. Does OH staffing meet guidelines?   |
|                  | (1) If not, what impact does this have on program effectiveness?   |
|                  | (2) What is being done to address any problems?  |
| (a) LD.1.5       | c. Does the department head develop and maintain budgeting documentation, prepare and submit budgets, track expenditures, and ensure cost reports are prepared and submitted, as required? |
| (c) 0303.b.1.(4) |  |
| (a) LD.1.5       | d. Are funds adequate to meet program needs?   |
| (c)              |  |

(1) If not, what impact does this have on program effectiveness?

## ORGANIZATION AND STAFFING

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### References:

### Program Element:

- |                |   |
|----------------|---|
|                | (2) What is being done to address any problems?   |
| (a) LD.1.3.2   | e. Are non-mandated services being  |
| (c)            | provided at the expense of required services?   |
| (a) LD.1.3     | f. Do employees have access to appropriate type of care?  |
| (a) LD.1.3.4.1 | g. Is there evidence of coordination of services to facilitate care, consultation, referral or other follow-up? |
| (a) CC.5       |   |

## RESPIRATOR USER CERTIFICATION PROGRAM

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### References:

- (a) 29 CFR 1910.134 series, as amended
- (b) OPNAV 5100.23 series
- (c) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current edition

### Additional reference:

NIOSH Decision Logic NIOSH Publication 87-108, May 1987

Medical evaluations are required to ensure that employees who are assigned to wear respirators are physically able to perform work assignments without danger to themselves or others.

### References

### Program Element:

- |                   |   |
|-------------------|---|
| (a) (3)(b)(10)    | a. Is a questionnaire for potential respirator user completed?  |
| (b) 1513.b.(1)(b) |   |
| (b) 1513.b(1)     | b. Is the recall frequency appropriate?   |
| (c)               | Age 15 to 34: every 5 years.<br>Age 35 to 44: every 2 years.<br>Age 45 and over: annually.  |
| (b) 1513.b.(1)(e) | c. Is a medical statement made noting whether the individual is qualified for respirator use, qualified with restrictions (specified) or not qualified? |

## SPIROMETRY

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### References:

- (a) Joint Commission CAMH, current edition
- (b) OPNAVINST 5100.23 series
- (c) American Thoracic Society Standards for Spirometry, current edition

The quality of spirometry depends upon the individual performing the tests. Responsibilities of individuals' performing spirometry include obtaining valid spirometry, calibration and maintenance of equipment and appropriate referral and follow-up of abnormal results.

### References:

### Program Element:

- |                  |   |
|------------------|---|
| (a) HR.4.2       | a. Have individuals performing spirometry successfully completed a NIOSH-approved course?   |
| (b) 0803.2.a.(3) |   |
| (a) CC.6.        | b. Is appropriate referral made for abnormal findings?  |
| (b) 0803.2.a     |   |
| (b) 0803.2.a.    | (1) Is counseling documented?   |
| (a) HR.3         | c. Is there a spirometry quality assurance program which includes periodic review of quality of spirogram, time and volume calibration? |
| (c)              |   |
| (a) EC.1.8       | d. Does equipment meet specifications?  |
| (b) 0803.2.1.(3) |   |
| (a) EC.2.13      | e. Is preventive maintenance performed on equipment?  |

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Consultative Recommendation: Recommend refresher spirometry training for individuals performing spirometry who have not attended a NIOSH-approved spirometry course for three years.

While there is no requirement by NIOSH to attend a refresher course at any time, there is benefit to the program to have personnel performing this test to be knowledgeable. Course



content is based on American Thoracic Society standards which change every few years.

**SURVEILLANCE REVIEW AND STRATEGIC PLANNING  
POPULATION MEDICINE**

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**References:**

- (a) Joint Commission CAMH, current edition
- (b) OPNAVINST 5100.23 series

One of the greatest challenges to occupational health (OH) clinical providers is to develop meaningful public health interventions based on their clinical and laboratory observations. This requires interaction with many other disciplines including industrial hygienists, safety professionals, radiation health officers, and preventive medicine technicians. Only with a multidisciplinary approach can the clinical workload of the OH clinic result in improvements to the health and safety of the workforce as a population.

**References:**

**Program Element:**

- |                                     |  |
|-------------------------------------|--|
| (a) CC.5.<br>(b) 8101.a.            | a. Are OH staff educating and/or assisting other medical staff regarding the identification, evaluation and follow-up of occupational injuries/illnesses?  |
| (b) 0803.1.a.(4)                    | b. Is there a mechanism to identify clusters or multiple employees with similar symptoms?  |
| (a) IM.7<br>(b) 0803.1.b.(9)        | c. Are there mechanisms of analysis of findings, e.g., graphing, tabulating, discussion at command level meetings?   |
| (a) TX. 1.2; CC.5<br>(b) 0801.b.(4) | d. Is there a mechanism for multidisciplinary development of resolution of identified problems? (bidirectional interdisciplinary communication re: injury/illness, epidemiology, analysis and prevention)? |
| (b) 8101.b.(4)                      | e. What feedback is given relating to the results of   |

trending?

**SURVEILLANCE REVIEW AND STRATEGIC PLANNING  
(HOW TO ADDRESS EMERGING ISSUES)**

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Interest item:

Occupational asthma is 1 of 13 non-regulatory priorities targeted by OSHA for action plan development. Latex allergy is targeted as a potential exposure for 1.4 million healthcare workers (HCWs). Per OPNAVINST 5100.23D, OH professionals are to diagnose and treat acute and chronic injuries/illnesses and detect early indicators of excessive exposures caused by the work environment. "Latex Allergy and Anaphylaxis-What To Do" published in the Journal of Intravenous Nursing Vol. 18, No.1, Jan/Feb 1995 is one of numerous publications addressing latex allergies. A few symptoms of latex allergy include:

- Skin allergies
- Asthma
- Anaphylactic shock
- Hives
- Sneezing, rhino-conjunctivitis
- Food allergies (avocados, bananas, kiwi, melons, tomatoes)

Questions of interest:

1. Are HCWs with potential latex allergies reporting to OH, infectious disease, military sick call, allergy or the dermatology clinic for these sensitivities?
2. Are HCWs reporting latex allergies to safety?
3. Is latex allergy training provided for HCWs?
4. Is there a mechanism to investigate suspected cases of latex allergy (or occupational asthma, etc.)?

## TUBERCULOSIS OCCUPATIONAL EXPOSURE

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### References:

- (a) 29 CFR 1910.20 of 5 Jul 95
- (b) CPL 2.106 Enforcement Procedures and Scheduling Occupational
- (c) OSHA Issues New Enforcement Guidance to Protect Workers against Hazards of Tuberculosis, 12 Feb 96
- (d) Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities, 28 Oct 94, Volume 43.
- (e) Joint Commission CAMH, current edition
- (f) OPNAV 5100.23 series
- (g) BUMEDINST 6224.8 of 8 Feb 93 "Tuberculosis (TB) Control Program"
- (h) BUMEDINST 6230.15 "Immunizations and Chemoprophylaxis" 1 Nov 95
- (i) BUMEDINST 6600.10A series

### Additional reference:

BUMEDINST 6600.10A of 3 Jan 96 "Dental Infection Control Program"

Exposure to Tuberculosis 9 Feb 96

The TB control program is designed to protect all employees at Medical and Dental Treatment Facilities (MTFs and DTFs) who have the potential for exposure to tuberculosis.

### References:

### Program Element:

- |                    |                                |
|--------------------|--------------------------------|
| (b)                | a. Do MTFs have a policy,      |
| (c)                | infection control manual or    |
| (d) Pages 8-23     | exposure control plan which    |
| (e) IC.1           | includes:                      |
| (g)                |                                |
| (i)                |                                |
| (b)                | (1) The risk assessment plan.  |
| (c)                |                                |
| (d) Page 10        |                                |
| (d) Page 32        | (2) Identification of negative |
| (g) Appendix A & B | pressure rooms, if required.   |
| (b)                | (3) Mechanism for early        |
| (d) Page 10        | recognition, diagnosis and     |
| (g)                | management of suspected TB     |
|                    | patients?                      |



## TUBERCULOSIS OCCUPATIONAL EXPOSURE

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### References:

(b)  
(c)  
(d) Page 33

(c)  
(d) Page 61-65  
(e) IC.4  
(g)  
(h)

(b) Enclosure (d)  
(c) Page 63

(d) Page 12, 14  
(g)

(c)  
(d) Page 21  
(f)

(a)  
(e) GO.2.1  
(e) LD.1.8  
(e) IC.4  
(f) 1101  
(h) Sect C, para 22.3

### Program Element:

(4) Respiratory Protection Program?

- b. Is there a PPD screening program in place for all MTF/DTF employees with documentation in the medical record?
- c. Is the "Two Step" PPD procedure testing used when required?
- d. Is there a mechanism in place for follow-up of converters?
- e. Is training provided, documented and maintained at the facility?
- f. Do existing contracts state who ensures compliance with TB regulations for contract workers exposed to TB?
- (1) Do contract personnel "check in" through OH to ensure compliance with OSHA regulations for all HCWs?
- (2) Is documentation of regulatory compliance for HCWs on site?
- g. Are HCWs aware of the need to prevent TB transmission in immunocompromised personnel? Do individual and group training address this increased risk?
- h. Are HCWs ensuring notification of local/state public health authorities per local/state

policies?

## APPENDIX A

### REFERENCES

5 CFR Subpart C - *Medical Examinations*

29 CFR 1910

U.S. Department of Labor OSHA ltr of 8 Oct 93 "*Enforcement Policy and Procedures for Occupational Exposure to Tuberculosis*"

Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report "*Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities*", 28 Oct 94, Volume 43

*American Thoracic Society Standards for Spirometry*, current editions

*Joint Commission Comprehensive Accreditation Manual for Ambulatory Care*, current edition

SECNAVINST 5212.10A "*Mandatory Retention of Insulation/Asbestos Related Records*"

SECNAVINST 5212.5C "*Archiving Records to Federal Records Centers and the National Civilian Personnel Centers*"

SECNAVINST 6100.5 series

OPNAVINST 5100.23 series

OPNAV 5310.14D pers 51 of 4 May 93 "*Efficiency Review (ER) Process for Total Force Shore Manpower Requirements Determination Policy and Procedures*"

OPNAVINST 6100.2 series

OPNAV 6400.1A of 11 Feb 93 "*Certification, Training and Use of IDCs*"

NAVMEDCOMINST 6320.3B 14 May 89 "*Medical and Dental Care of Eligible Persons at Medical Treatment Facilities (MTFs)*"

NAVMED P117, *Manual of the Medical Department*

NAVMED P3006 *Financial Management Handbook*

NAVMED P5055 series

BUMEDINST 6110.13 series

BUMEDINST 6224.8 of Feb 93 "*Tuberculosis (TB) Control Program*"

Chief, Bureau of Medicine and Surgery, 12800 52/0129 of 11 July 1990 "*Commanding Officers' Guide to the Federal Employees Compensation Act Program*"

Chief, Bureau of Medicine and Surgery, 12000 Ser sb 421/041 of 21 June 1991 "*Occupational Health Participation in FECA Cost Containment*"

*Medical Surveillance Procedures Manual and Medical Matrix*, current edition

#### **ADDITIONAL REFERENCES**

*Joint Commission Comprehensive Accreditation Manual for Hospitals*, current edition

20 CFR, U.S. Department of Labor, *Office of Workers Compensation*, April 1988

*Injury Compensation for Federal Employees*, Pub. CA 810

*NIOSH Decision Logic* NIOSH Publication 87-108 May 1987

OSHA Directorate of Compliance Programs, *Occupational Exposure to BBP Interpretive Quips*, January 1994 edition

CPL 2.106, *Enforcement Procedures and Scheduling Occupational Exposure to Tuberculosis*, 9 Feb 96

Assistant Secretary of Defense memo, 25 May 1995, *Tricare Health Services Plan*

Department of the Navy Office of Civilian Personnel Management 12511.0C/610 of 30 Sep 93, "*Standard Position Descriptions*"

Department of the Navy 5110 ltr 5100 Ser 454C/3U594462 of Sep 93,



*"Guidance on Occupational Safety and Health Programs Under Downsizing and Base Closure"*

MCO 6260.1D, April 1993, *Marine Corps Hearing Conservation Program*

OPNAVINST 6000.1A, *Management of Pregnant Servicewomen*, 21 Feb 89

OPNAVINST 12810.1 of 26 Jan 90 *"Federal Employees Compensation Act Program"*

BUMED 6280.1A 21 Jan 94 *"Management of Infectious Waste"*

BUMED ltr Ser 24B/5U240237 of 20 Dec 95

Navy Environmental Health Center (NAVENVIRHLTHCEN) ltr 6260 Ser 3212/2145 of 11 Mar 92 *"Bloodborne Pathogens (BBPs)"*